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ABSTRACT

For more than 30 years, school-based health centers have been making an important difference in the health of millions of children by providing an array of medical and other health services at school. This brochure addresses mental health as part of the Caring for Kids program, a multi-site national grant program of the Robert Wood Johnson Foundation to develop sustainable mental and dental health care for young people by locating them in school-based health centers. The brochure describes the need for mental health services among children and youth and cites the incidence of common mental health disorders among this population. Provision of mental health services in school is put forth as a way to overcome barriers of limited access to services, to provide services in a familiar environment, and to build on existing effective partnerships. The brochure describes some of the ways services are provided at the eight grant-funded sites. Some school-based health centers are described as including psychologists, licensed clinical social workers, and bilingual enrollment specialists on their staff. Some of the centers are described as able to provide services to minority children and youth, the rural poor, and the children of new immigrants who are among those with the greatest need and least access to mental health services. The brochure concludes with a discussion of the policy challenges facing mental health programs for children and youth, particularly the need for secure funding, and some of the strategies attempted by the Caring for Kids programs. (KB)

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Most children in need of mental health services do not get them, says the Surgeon General's Report on Mental Health.

Caring for Kids

is giving children the help they need at school.

This is how it works...

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School-Based Mental Health Services: Meeting the Needs of Children

One morning Amy Nicholson, a social worker from Asheville Middle School arrived at work to find a boy sitting in her waiting area crying. The boy said he needed to talk to someone. He had been up all night because his mother and sister had been arguing and fighting.

He was afraid.

Nicholson saw him several times and helped him develop a safety plan for whom to call if he felt in danger at home and how he could get out of the house.

"He wrote that down," Nicholson says. "Six weeks later, to my amazement, he still had that piece of paper, folded a hundred times, in his pocket."

The Robert Wood Johnson Foundation established *Caring for Kids*, a multi-site national grant program, to develop sustainable mental and dental health care for young people by locating them in school-based health centers. For more than 30 years, school-based health centers have been making an important difference in the health of millions of children by providing an array of medical and other health services at school.

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Children's Mental Health Care Needs: Real, Common, and Treatable

A 2001 report from the U.S. Surgeon General stresses that mental health is critical to children's learning and general health—as important as immunizations to ensuring that every child has the best chance for a healthy start in life. An estimated 21 percent of young people in the United States between ages 9 and 17, about 15 million children, have diagnosable emotional or behavioral health disorders, but less than a third get help for these problems. More needs to be done to get mental health services to children in need and prevent problems for kids at risk.

Common Mental Health Disorders and the Number of Children and Youth Affected

Disorder	Number of Children/Youth Affected
Anxiety	8 – 10 out of 100
Conduct	7 out of 100
Depression	6 out of 100
Learning	5 out of 100
Attention	5 out of 100
Eating	1 out of 150
Substance Abuse	Unknown

Source: Olbrich S. Children's Mental Health: Current Challenges and a Future Direction. May 2002. Accessed on the web at www.healthinschools.org on May 2, 2003.

The Problem: Limited Access and Difficult Financing

As the accompanying chart suggests, a substantial number of children suffer from serious emotional or behavioral problems. But, as research has also documented, most children do not receive care for these problems. And those at the greatest risk of problems, children and youth living in poverty or isolated rural areas, children belonging to racial minorities, or living in foster care, are even less likely to get help.

And these barriers to care exist at a time when researchers are making great strides in developing effective treatments for mental health problems. As the Surgeon General pointed out, both counseling and medications have been proven effective. We know that there are a variety of treatments for most mental health problems and that they work. However, limited prevention and early intervention services in most communities; as well as inadequate financing, challenges those committed to improving children's lives.

The goal of all concerned is to overcome barriers and connect children with needed services. Early evidence shows that one of the best ways to accomplish that goal is through schools.

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A Solution: Expanding Mental Health Services through Schools

The Robert Wood Johnson Foundation launched the *Caring for Kids* initiative in 2001 to demonstrate effective approaches for organizing and funding mental health and dental health services through school-based health centers. In February 2002, the foundation awarded eight grants to institutions that wanted to expand mental health services within their school-based health centers.

Over the past 30 years, schools—partnering with community-based health and mental health organizations and individuals—have become the largest providers of mental health services to children. Among those children who receive mental health services, up to 80 percent get their care at school. While many of these children and adolescents receive services by participating in special education programs, an increasing number are getting help through the nation's 1,500 comprehensive school-based health centers.

There are several reasons why providing mental health services through school-based centers make sense. The first is access: School health centers are there where and when children need them. The second is familiarity: Students and parents know the school facilities, faculty, and staff. This familiarity helps dispel the stigma that frequently accompanies those seeking help for mental health problems. "When you see kids on their turf, they have a comfort level," says Nelle Gregory, supervisor of the school health program administered by the Buncombe County Health Center in North Carolina.

The third reason for engaging school-based health centers is the potential for building on effective partnerships: school-based health centers are sponsored by mainstream health organizations and do not burden schools with additional responsibilities or expense. The centers also have a well-established infrastructure where program management, clinic space, and billing arrangements are already established.

"Multiple studies have shown that schools often function as the *de facto* mental health system for children and adolescents," says Julia Graham Lear, Ph.D., director of *Caring for Kids*. "This unofficial role needs official support."

Different Ways of Helping Kids

School/Health Collaborations: School-based health centers bring together an array of health professionals—nurse practitioners, clinical social workers, physicians, psychologists, nurses and more. Because the centers are also part of the fabric of the school, the health center professionals draw on the resources of teachers and

student support professionals who share their commitment. Together their capacity is magnified beyond that of a single professional.

Ideally, at the first signs of behavior change—such as an increase in defiant behavior, tardiness, or sliding academics—teachers can refer their students to a center. "The goal is to identify problems before life gets too difficult, with expulsions or poor educational performance year after year," Peou Lakhana, manager of the University of New Mexico school-based health centers, says.

But relying on teachers and administrators also requires providing them with training. At I.S. 218 in New York City, mental health staff members are helping teachers identify problems such as attention deficit disorder, depression, and conduct disorder, says Scott Bloom, director of mental health with the school-based clinics of The Children's Aid Society.

In Lynn, Massachusetts, Kristin Donavan, a psychiatric nurse clinician at the Marshall Middle School health center, participates in teacher "cluster" meetings. The daily meetings bring together all the teachers who work with the same troubled student. Becoming a member of the team was a gradual process. After almost a year of working in the school, Donavan says that teachers are more open to her participation than they were initially. "They are also more likely now to make a referral to the center," she says.

Serious Solutions for Serious Problems: *Caring for Kids* projects are adding psychologists, licensed clinical social workers, program coordinators, and bilingual enrollment specialists to their staffs. And four of the programs—in Maryland, Massachusetts, Seattle, and New Mexico—have placed a priority on adding psychiatric staff.

What we do and why it matters...

When the clinician and the child shut the door, the child has that 35 or 40 minutes to sit and talk about what's going on. All the other things we do are important: statistics, billing, relationships with teachers and parents, but it really comes down to that therapeutic relationship, that positive relationship with an adult. That's what the social worker and the kids are interested in — that's the bottom line.

It makes a tremendous difference. The therapist can help students think a little differently, contain their anxiety and sad feelings, and give back something useful. I use an analogy of a water filter. You take the dirty toxic water coming out of the faucet, put it in the filter, and 10 minutes later you have clean healthy water to put in your body. We take all the bad toxic stuff, the emotional upheaval, pressure, anxiety, hysterics, we take it, and filter out the bad stuff, and are able to give back something useful to them.

Parents and teachers don't always see the usefulness of therapy. But the therapist may be critical to helping these young people to be curious about themselves; to understand how their minds work. Therapy can help that child gain insight into the fact that their behaviors, thinking, and emotions have consequences.

Scott Bloom, MSW, Director of Mental Health, School-Based Clinics, Children's Aid Society

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Child and adolescent psychiatrists are in high demand throughout the U.S., with only 6,300 in practice nationwide—an average of just 6.7 per 100,000 youth under 17. Most communities report a great need for psychiatric expertise in evaluating young patients, and prescribing and managing their medication.

On Maryland's rural Eastern Shore, the Dorchester County Health Department runs four school-based health centers, with enrollment exceeding 72 percent of the student body. The county of 30,000 has just one pediatrician.

Kathleen Wise, program manager for the county's school-based health centers, has tapped *Caring for Kids* grant money to add a part-time psychiatrist to the staff one afternoon a week. Even that limited availability is making a huge difference, according to Wise. "If you have serious depression, or a thought disorder, to try to get your life together just by talking to someone is to tie one hand behind your back," she says. Psychiatrists can prescribe medications and monitor any side effects.

Special Needs

Although all children may develop mental health problems, minority children and youth, the rural poor, and the children of new immigrants are among those with the greatest need and least access to mental health services.

Two centers in rural New Mexico that serve Pueblo, Navajo, and Hispanic adolescents offer both one-on-one psychological and psychiatric services. In addition, the centers pay attention to community mental health. "As much as possible, mental health staff work with families to overcome historical trauma," says project co-director Dr. Martin Kileen, based at the University of New Mexico Center for Health Promotion and Disease Prevention. The cultural loss and brutal hardships experienced by their grandparents and their community as a whole are a vivid presence in the lives of many Native Americans.

The Los Angeles *Caring for Kids* project, administered by the Childrens Hospital of Los Angeles, is one of several that serve large numbers of immigrant children. Los Angeles High School, for example, has many students from Korea, Mexico, and Central American countries.

"Dealing with separation and reunification is a massive issue," says project director Julie McAvoy. Psychologist Kerri Pickering-Fowler cares daily for children who are struggling with grief and loss associated with leaving their native land, as well as feelings of isolation and loneliness in their new home. "Many referrals are for people who have lost family members," she says, adding that students who are failing academically, are angry, or caught up in substance abuse, might have underlying problems of depression, anxiety, and trauma-based reactions.

Policy Challenges

With few federal dollars being directed to mental health services for children, and states facing their worst budget crisis in decades, the largest policy challenges involve securing funding for these programs. Reimbursement policies by private and public insurers, taxation options, and collaborations with other agencies all figure into the equation.

Centers like those in Lynn are struggling to cope with hefty reductions in state funding. "We had a 30 percent cut in state money to school-based health centers this year," says Lili Silva, director of the school-based health centers project in Lynn. In response to the cuts, the Lynn Community Health Center program closed its two elementary school centers. As a result, 52 children now have to travel to the community health center to continue their counseling. According to Silva, few have been able to overcome the transportation barriers.

Projects are searching for ways to remain financially viable. To generate revenues, some are trying to improve their billing of third-party insurers. In Los Angeles, the *Caring for Kids* program hired a bilingual enrollment specialist to help eligible Spanish-speaking immigrants apply for benefits. The Seattle school-based health centers are uniquely funded by a local property tax levee, a stable funding source that frees staff up to creatively address prevention and early intervention, as well as treatment.

In Maryland, mental health providers cannot bill insurance companies for their services if a child is not diagnosed with a recognized mental health disorder. This restriction makes it difficult for providers who wish to see a child without making a diagnosis. In Dorchester, Wise, for one, says she is wary about too-early mental health diagnoses. "Those diagnoses stay with a child for the rest of their life," she says.

Similar obstacles plague centers in other states. Public and private insurance programs often limit the types of mental health services or types of professionals they reimburse. "In New York, Medicaid does not reimburse services provided by social workers but if the same services are provided by psychologists, they are covered," says Martha Arden, MD, director of school-based health services for the Division of Adolescent Medicine at New York's Schneider Children's Hospital. "We need to expand the categories of professions that can be reimbursed."

"Today, we have funding driving policy instead of the other way," says Buncombe County's Gregory. "We need to prioritize best practice, set it in policy, and find the money."

"These challenges are not beyond our grasp. Millions of parents, educators, health professionals, children's advocates, elected officials, and young people themselves are working hard to open doors for all children," says Lear. "Our collective energy and effort will produce a better future."

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Caring for Kids Mental Health Services Grants

- Childrens Hospital of Los Angeles, Los Angeles, CA
- Schneider Children's Hospital, North Shore-Long Island Jewish Health System, Queens, NY
- Dorchester County Health Department, Cambridge, MD
- Buncombe County Health Center, Asheville, NC
- Lynn Community Health Center, Lynn, MA
- Seattle-King County Department of Public Health, Seattle, WA
- Children's Aid Society, New York, NY
- University of New Mexico School of Medicine, Albuquerque, NM

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